

CLAIMS ONLY		Application Number <div style="font-size: 1.5em; font-family: cursive;">10 501680</div>	Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Applicant(s) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	1					
Total Depend	13					
Total Claims	14					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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